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Fairman et al.

Atty. Docket No.: 50N3545/1309

Serial No.: Filing Date Title:

09/521,308

March 9, 2000

Method For Utilizing Resource Characterizations To Optimize Performance In An Electronic Device

RECEIVED

AUG 1 3 2003

Technology Center 2100

COMMISSIONER FOR PATENTS P.O Box 1450 Alexandria, Virginia 22313-1450

Sir: Transmitted herewith is an amendment in the above-identified application.

[] Small entity status of this application under 37 CFR §§ 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 CFR §§ 1.9 and 1.27 is enclosed.

No additional fee is required.

The filing fee has been calculated as shown below:

The limit hee has been calculated as shown below.									
	(Col. 1)	(Col. 1) (Col		(Col. 2) (Col. 3)		Small Entity		Other Than a Small	
								Entity	
	Claims		Highest	Number of Extra	Rate	Additional		Rate	Additional
	Remaining		Number	Claims Present		Fee	or		Fee
	After		Previously						
	Amendment		Paid For						
Total	53	Minus	42	11	x \$11 =	\$0.00		x \$18 =	\$198.00
Indep.	5	Minus	4	1	x \$41 =	\$0.00	or	X \$84 =	\$84.00
[] First	[] First Presentation of Multiple Dependent Claims				+\$135 =	\$0.00		+\$270 =	\$0.00
				Total	\$0.00		Total	\$282.00	
* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.				Fee			Fee		

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

[]	Please charge my Deposit Account No. 50-1443 in the amount of \$	A duplicate copy of this sheet is
attached		

- [X] Any filing fees under 37 CFR § 1.16 for the presentation of extra claims.
- [X] Any patent application processing fees under 37 CFR § 1.17.

Respectfully submitted,

Dated:	8/	5/	63	

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If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[[]X] Enclosed please find a check for \$ 282.00 for additional claims.

The Commissioner is hereby authorized to charge payment of the following fees associated with this [X] communication or credit any overpayment to Deposit Account No. 50-1443. A duplicate copy of this sheet is attached.